USE BLACK INK - PRINT OR TYPE

REQUEST FOR EMPLOYMENT OUTSIDE OF THE COUNTY SERVICE

(Please submit an original and one copy of this request. Use additional paper if necessary. Employee may begin outside employment as soon as department head has given written approval on this form. However, such approval is conditional and subject to the final decision of the Ethics Commission.)

		Date:		
TO:	Ethics Commission			
VIA:			(Department Head)	
VIA:			(Supervisor)	
FROM:				
SUBJE	CT: Request for Permission to Enga	ge in Outside Employment		
	Pursuant to Chapter 19A of the Montgor	mery County Code, I am subr	mitting my request to	
engage	in employment outside the Montgomery	County Government.		
		_		
		County		
1.	Name	Position Title		
	Department	Office Phone Number		
	Division	Work Schedule (e.g. 8:30 -	- 5:00):	
2.	Brief description of duties and responsibilities of County position:			
			· · · · · · · · · · · · · · · · · · ·	
2	Drief description of function of County Department/Division in which			
3.	Brief description of function of County Department/Division in which			
			 	

4.	Outside Employer:		
	(Firm) Name	Phone Number	
	Supervisor's Name		
	Address		
	Nature of Business:		
5.	Position title, duties and responsibilities of outside employment:		
6.	Hours per week to be spent with outside employer Employer (specific hours when work will be perform		
7.	Anticipated length of employment with outside emp	ed length of employment with outside employer (month/years/indefinite):	
8.	Special licenses or equipment required for outside employment:		
		Employee Signature	
DEPA	ARTMENT HEAD RECOMMENDATION:		
	Approve		
	Deny (state specific reasons	for denial)	
Comn	nents:	,	
5011111			
Signa	ature of Department Head Date	Printed Name of Signator	